

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF _____

UNITED STATES OF AMERICA

Case No. _____

(Write the number of your
criminal case.)

v.

**MOTION FOR SENTENCE
REDUCTION UNDER
18 U.S.C. § 3582(c)(1)(A)
(Compassionate Release)
(Pro Se Prisoner)**

Write your full name here.

NOTICE

The public can access electronic court files. Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

I. DOCUMENTS ATTACHED TO MOTION

Does this motion include a request that any documents attached to this motion be filed under seal?
(Documents filed under seal are not available to the public.)

☐ Yes

☐ No

If you answered yes, please list the documents below:

ATTACHMENTS AND REQUEST TO SEAL

AO-250 (Rev. 09/20) Pro Se Motion for Compassionate Release

Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?	Request to Seal?
Proposed Release Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Medical Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Sensitive Information (e.g., victim abuse-related information under §1B1.13(b)(4))	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. SENTENCE INFORMATION

Date of Sentencing: _____

Term of Imprisonment Imposed: _____

Approximate Time Served to Date: _____

Proposed Release Date: _____

Length of Term of Supervised Release: _____

Have you filed an appeal in your case?

☐ Yes

☐ No

Are you subject to an order of deportation or an ICE detainer?

☐ Yes

☐ No

III. EXHAUSTION OF ADMINISTRATIVE REMEDIES¹

Title 18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on your behalf,

¹ The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a

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or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons.

Have you personally submitted your request for compassionate release to the Warden of the institution where you are incarcerated?

- ☐ Yes, I submitted a request for compassionate release to the warden on (date) _____ .
- ☐ No, I did not submit a request for compassionate release to the warden.

If no, please explain why not:

Was your request denied by the Warden?

- ☐ Yes, my request was denied by the warden on (date): _____.
- ☐ No. I did not receive a response yet.

IV. GROUNDS FOR RELEASE

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You may also attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

A. Are you at least 70 years of age ~~old or older~~?

- ☐ Yes ☐ No

If you answered no, go to Section B below. You do not need to fill out Section A.

compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

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If you answered yes, you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. See §1B1.13(b)(1)(B). Please answer the following questions so the ~~c~~Court can determine if you are eligible for release under this section of the statute.

Have you served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are currently imprisoned?

☐ Yes

☐ No

Has the Director of the Federal Bureau of Prisons determined that you are not a danger to the safety of any other person or the community, as provided under section 3142(g), and that such a reduction is consistent with applicable policy statements issued by the Sentencing Commission?

☐ Yes

☐ No

B. Do you believe there are other extraordinary and compelling reasons for your release?

☐ Yes

☐ No

If you answered “Yes,” please check all boxes that apply so the ~~c~~Court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i). Section 3582(c)(1)(A) authorizes a court to reduce a defendant’s term of imprisonment if “extraordinary and compelling reasons” warrant a reduction and “such a reduction is consistent with applicable policy statements issued by the Sentencing Commission.”

- ☐ I have a terminal illness. See §1B1.13(b)(1)(A).
- ☐ I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition. See §1B1.13(b)(1)(B).
- ☐ I am suffering from a medical condition that requires long-term or specialized medical care that is not being provided and without which I am at risk of serious deterioration in health or death. See §1B1.13(b)(1)(C).
- ☐ There is an ongoing outbreak of infectious disease or public health emergency affecting or at imminent risk of affecting my correctional facility that, due to my personal health risk factors and custodial status, has caused me an increased risk of suffering severe medical complications or death as a result of exposure, and such risk cannot be adequately mitigated in a timely manner. See §1B1.13(b)(1)(D).

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- ☐ I am 65 years old or older, I am experiencing a serious deterioration in physical or mental health because of the aging process, and I have served at least 10 years or 75 percent of my term of imprisonment, whichever is less. See §1B1.13(b)(2).
- ☐ The caregiver of my minor child/children or adult disabled child/children has died or become incapacitated and I am the only available caregiver for my child/ children or adult disabled child/children. See §1B1.13(b)(3)(A).
- ☐ My spouse/registered partner, parent, immediate family member (child, spouse, registered partner, parent, grandchild, grandparent, or sibling), or someone whose relationship is similar to that of an immediate family member has become incapacitated and I am the only available caregiver for them ~~my spouse/registered partner.~~ See §1B1.13(b)(3)(B), (C), and (D).
- ☐ While serving this sentence, I was a victim of sexual or physical abuse that was committed by or at the direction of a correctional officer, an employee or contractor of the Bureau of Prisons, or any other individual having custody or control over me. See §1B1.13(b)(4).
- ☐ ~~There are other extraordinary and compelling reasons for my release.~~ There is another circumstance or combination of circumstances that, when considered by themselves or together with any of the reasons described above, are similar in gravity to any of those reasons (the reasons described above). See §1B1.13(b)(5).
- ☐ I received an unusually long sentence, I have served at least 10 years of the term of imprisonment, and a change in the law (other than an amendment to the Guidelines Manual that has not been made retroactive) would produce a gross disparity between the sentence being served and the sentence likely to be imposed on the date I filed this motion, after full consideration of my individualized circumstances. See §1B1.13(b)(6).

Please explain below the basis for your request. If there is additional information ~~regarding any of these issues~~ that you would like the cCourt to consider but which is confidential, you may include that information on a separate page, attach the page to this motion, and, in section I above ~~below~~, request that that attachment be sealed.

V. PREVIOUSLY FILED MOTIONS

Have you previously filed any motions for compassionate release [in any court]?

☐ Yes ☐ No

If yes, were any of your previous motions granted?

☐ Yes ☐ No

If you have previously filed any motions for compassionate release, what about your circumstances or the law has changed since your other compassionate release motion(s) that you believe now makes you eligible? Please provide details below.

IV. ATTACHMENTS AND REQUEST TO SEAL

~~Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.~~

<u>Document</u>	<u>Attached?</u>	<u>Request to Seal?</u>
Proposed Release Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Medical Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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VI. REQUEST FOR APPOINTMENT OF COUNSEL

I do not have an attorney, and I request an attorney be appointed to help me.

☐ Yes

☐ No

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VII. MOVANT'S DECLARATION AND SIGNATURE

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

Date

Signature

Printed Name

Federal Bureau of Prisons Register
No.

Federal Bureau of Prisons Facility
Name and Address

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF _____

UNITED STATES OF AMERICA

Case No. _____
(Write the number of your criminal case.)

v.

Write your full name here.

PROPOSED RELEASE PLAN
In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☐ Yes

☐ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

PROPOSED RELEASE PLAN

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

A. Housing and Employment

Provide the full address where you intend to reside if you are released from prison:

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison.

Provide the names (if under the age of 18, please use only their initials), ages, and relationship to you of any other residents living at the above-listed address:

If you have secured employment, please provide the name and address of your employer, and describe your job duties.

List any additional housing or employment resources available to you.

B. Medical Needs

Will you require ongoing medical care if you are released from prison?

☐ Yes

☐ No

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ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Will you have access to health insurance if released?

☐ Yes

☐ No

If yes, provide the name of your insurance company and the last four digits of the policy number.

If no, how do you plan to pay for your medical care?

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

☐ Yes

☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☐ Yes

☐ No

If yes, please include them with your motion. If no, where are the records located?

Are you prescribed medication in the facility where you are incarcerated?

☐ Yes

☐ No

If yes, list all prescribed medication, dosage, and frequency:

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ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

☐ Yes

☐ No

If yes, list equipment:

Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes

☐ No

If yes, list the required assistance and how it will be provided.

Do you require assisted living?

☐ Yes

☐ No

If yes, provide the address of the anticipated home or facility and the source of funding to pay for it.

Are the people you are proposing to reside with aware of your medical needs?

☐ Yes

☐ No

Do you have other community support that can assist with your medical needs?

☐ Yes

☐ No

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ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use only their initials.

Will you have transportation to and from your medical appointments?

☐ Yes

☐ No

Describe method of transportation.

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

Date

Signature

Printed Name

Federal Bureau of Prisons Register No.

Federal Bureau of Prisons Facility

Institution's Address

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UNITED STATES DISTRICT COURT
FOR THE
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Write your full name here.

**MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION In Support of
Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)**

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If you attach documents to this form that you believe should not be publicly available, you may request permission from the court to file those documents under seal. If the request is granted, the documents will be placed in the electronic court files but will not be available to the public.

Do you request that the attachments to this document be filed under seal?

- ☐ Yes
☐ No

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ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION

To the extent you have medical records or additional medical information that support your motion for compassionate release, please attach those records or that information to this document.

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

Date

Signature

Printed Name

Federal Bureau of Prisons Register No.

Federal Bureau of Prisons Facility

Institution's Address